



***Think Globally....
Report Locally!***

Health Care Professional's Guide to Disease Reporting in Michigan

**A summary of the Michigan
Communicable Disease Rules**

*Michigan Department
of Community Health*



**Rick Snyder, Governor
Olga Dazzo, Director**

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Michigan's Communicable Disease Rules

Michigan's communicable disease rules are promulgated under the authority conferred on the Department of Community Health by section 5111 of Act No. 368 of the Public Acts of 1978, as amended, being 333.5111 of the Michigan Compiled Laws. Violations of these laws will be reported to the state of Michigan. This guide is a synopsis of rules 325.171-325.199 as of the date of issue. For additional reporting requirements regarding HIV and AIDS please refer to MCL 333.5101 *et seq.* Health care professionals are advised to consult with their local health departments or legal counsel if they have questions about their responsibilities regarding these rules.

The Michigan Department of Community Health maintains, reviews and revises the list of reportable conditions located on pages 5 and 10 at least annually. Please refer to the Michigan Communicable Disease Information website at www.michigan.gov/cdinfo or contact the Communicable Disease Division at the number below for the most recent list.

The Privacy Rule in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for the disclosure of protected health information, without individual client or patient authorization, to public health authorities, who are legally authorized to receive such reports for the purpose of preventing or controlling disease.

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Why Report Communicable Diseases?

The public health system depends upon reports of diseases to monitor the health of the community and to provide the basis for preventive action. The prompt required reporting by physicians, laboratory scientists, infection preventionists, and other care providers of both diagnosed and suspected communicable diseases allows for timely action by local and state public health personnel. This teamwork makes possible important benefits, as listed below, for individual patients and the community.

- 1. Identification of outbreaks and epidemics.** If an unusual number of cases occur, local health authorities must investigate to identify the source and control the spread of the disease. Examples include measles, pertussis, diphtheria, hepatitis A, salmonellosis, botulism, meningococcal disease, and syphilis.
- 2. Enabling preventive treatment and/or education to be provided.** Household contacts or sexual partners need to be identified for prophylaxis, treatment, and/or education about how to prevent the spread of some infections. Examples include invasive meningococcal infection, hepatitis A, tuberculosis, syphilis, and human immunodeficiency virus infection.
- 3. Successful targeting of prevention programs, identification of care needs, and efficient use of scarce prevention resources.** Public and private health care funding is scarce. State and local public health authorities and health care providers must make difficult choices about what prevention and treatment services will be provided. Communicable disease data help to maximize the impact of these dollars. Examples include seasonal influenza, arboviral disease and human immunodeficiency virus infection.
- 4. Evaluation of the success of long term control efforts.** Public health programs must have a means of assessing the continued success of control efforts for some diseases. Examples include measles, hepatitis B, other vaccine preventable diseases, and tuberculosis.
- 5. Facilitation of epidemiologic research to uncover a preventable cause.** For some diseases of unknown etiology, reporting is needed to allow studies of the occurrence of the disease to help find the cause or modifiable risk increasing factors. Examples include Kawasaki disease and Guillain-Barré syndrome.
- 6. Assistance with national and international disease surveillance and preparedness efforts.** For diseases that are unusual in Michigan, or for those that have the potential to be used as bioterrorism agents, we are part of a national network that the federal government depends on to determine whether national or international investigations are needed. Examples include brucellosis, malaria, anthrax, viral hemorrhagic fevers, novel influenza, and smallpox.
- 7. Compliance with Michigan's public health laws.** All physicians and laboratories are required by law to report certain cases of communicable disease.

**ACCURATE AND COMPLETE DISEASE REPORTING IS ESSENTIAL
TO THE COMMUNITY'S HEALTH**

Local Health Department System and Services

Michigan is served by a system of local public health departments that provide basic public health services, including communicable disease-related services, to all Michigan citizens and health care providers in all areas of the state. Communicable disease reports should be directed to the local health department.

The primary role of the Michigan Department of Community Health (state health department) in communicable disease control is to provide expert consultation, reference level diagnostic laboratory services, childhood vaccines, and support as needed to Michigan's local health departments.

Local health departments function as administratively autonomous units, separate from the Michigan Department of Community Health. As such, they set their own priorities for how they allocate the resources available to them. Most local health departments are able to provide a wide range of communicable-disease-related services. Some of the communicable disease prevention services that health care providers appreciate the most and that are frequently offered include:

- Communicable disease consultation including information on testing and specimen requirements
- Provision of diagnostic, treatment, and partner services for sexually-transmitted diseases and HIV infection
- Childhood immunization clinics
- Animal bite consultation services
- Tuberculosis consultation and treatment services

The telephone number of your county or district health department is usually listed in the phone book with other county services. (Note: Detroit is the only city in Michigan that has a city health department.) It may be helpful to write your local health department phone number on the cover of this booklet.

For a directory of Michigan local public health departments see page 24 of this guide

Michigan Laboratory Response Network

The Michigan Department of Community Health, Bureau of Laboratories (BOL) is equipped to respond to acts of biological or chemical terrorism, emerging infectious diseases or other public health threats and emergencies. The role of the BOL is to provide rapid identification of etiologic agents, allowing the medical community to provide appropriate prophylaxis and or treatment to minimize morbidity and mortality.

The Laboratory Response Network (LRN) is an integrated national network of laboratories that are capable of responding to biological or chemical public health emergencies. Established by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL) in 1999, the LRN is now a partnership between government and private organizations that have a stake in all public health threat events. The LRN is comprised of laboratories that follow consensus protocols developed by the CDC and the Food and Drug Administration (FDA).

The LRN in Michigan includes Reference Level Laboratories located in several regions of the state, including the MDCH Bureau of Laboratories in Lansing, plus local health department laboratories located in Kalamazoo, Grand Rapids, Pontiac, Saginaw and the City of Detroit. All provide testing services and support in response to local disease outbreak investigations and possible bioterrorism incidents.

For a directory of the Michigan Laboratory Response Network see page 23 of this guide

A. Physician or Health Care Professional Authorization to Report

Both laboratories and physicians are **required** to report persons with certain infections or conditions.

In addition, all of the following individuals are specifically authorized to report designated conditions to local health authorities: **administrators, epidemiologists, infection preventionists from health care facilities or other institutions, dentists, nurses, pharmacists, physician's assistants, veterinarians, and any other health care professional**. It is suggested that all persons with reporting responsibilities verify that reporting systems are in place at the medical practices and hospitals in which they work, and at the laboratories they use.

Furthermore, health facility infection control committees or designees are **required** to develop policies and procedures to ensure appropriate reporting by both physicians who treat individuals at their facilities and by laboratories of such facilities.

B. Reporting of Suspect Illness

1. Physicians and laboratories

When a physician or laboratory **suspects** the presence of a designated condition but does not have sufficient information to confirm that the condition or agent is present, the physician or laboratory **must** report the designated condition or agent as suspect to the appropriate local health department. Upon confirmation of the disease or presence of the agent, the physician or laboratory **shall** report the condition as confirmed to the appropriate local health department.

2. Schools, daycares and camps

Primary schools, secondary schools, camps, or child daycares **shall** report to the local health department within 24 hours of suspecting any of the serious communicable diseases, or the unusual occurrence, outbreak or epidemic among those in attendance of any disease, infection, or condition (except for HIV and AIDS).

C. Physician and Authorized Health Care Professional Reporting Requirements

1. The following conditions are required to be reported **within 24 hours**, unless noted, to the local health department:

<p>Acquired Immune Deficiency Syndrome (AIDS) (2)</p> <p>Amebiasis</p> <p>Anaplasmosis</p> <p>Anthrax*</p> <p>Arboviral encephalitides, neuro- and non-neuroinvasive, including:</p> <p>California serogroup, Eastern Equine, Powassan, St. Louis, Western Equine, West Nile</p> <p>Babesiosis</p> <p>Blastomycosis</p> <p>Botulism*</p> <p>Brucellosis</p> <p>Campylobacter enteritis</p> <p>Chancroid</p> <p>Chickenpox (Varicella)</p> <p>Chlamydial disease, genital</p> <p>Cholera</p> <p>Coccidioidomycosis</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>Dengue fever</p> <p>Diphtheria</p> <p>Ehrlichiosis</p> <p>Encephalitis, viral or unspecified</p> <p><i>Escherichia coli</i>, O157:H7 and all other shiga toxin positive serotypes</p> <p>Giardiasis</p> <p>Glanders</p> <p>Gonorrhea</p> <p>Guillain-Barré syndrome (1)</p> <p><i>Haemophilus influenzae</i> disease,</p> <p>Meningitis, epiglottitis, or other invasive disease</p> <p>Hantavirus pulmonary syndrome</p> <p>Hemolytic-uremic syndrome (HUS)</p> <p>Hepatitis viral:</p> <p>Hepatitis A – Anti-HAV IgM</p> <p>Hepatitis B – HbsAg; <i>especially in pregnant women</i></p> <p>Hepatitis C – Anti-HCV, RNA, RIBA, genotype</p> <p>Hepatitis D – HdsAg, anti-HDV IgM</p> <p>Hepatitis E – Anti-HEV IgM</p> <p>Histoplasmosis</p> <p>Human Immunodeficiency Virus (HIV) (2)</p> <p>Influenza (report weekly aggregate counts)</p> <p>Pediatric mortality, report individual cases</p> <p>Novel influenza viruses, report individual cases</p> <p>Kawasaki disease (1)</p> <p>Legionellosis</p> <p>Leprosy (Hansen's disease)</p> <p>Leptospirosis</p> <p>Listeriosis</p>	<p>Lyme disease</p> <p><i>Lymphogranuloma venereum</i></p> <p>Malaria</p> <p>Measles (Rubeola)</p> <p>Melioidosis</p> <p>Meningitis: bacterial, viral, fungal, parasitic</p> <p>Meningococcal disease</p> <p><i>Neisseria meningitidis</i>, sterile sites</p> <p>Mumps</p> <p>Orthopox viruses, including:</p> <p>Smallpox*</p> <p>Monkeypox</p> <p>Pertussis</p> <p>Plague*</p> <p>Poliomyelitis</p> <p>Prion disease, including:</p> <p>Creutzfeldt-Jakob Disease (CJD)</p> <p>Psittacosis</p> <p>Q fever</p> <p>Rabies, human</p> <p>Rheumatic fever (1)</p> <p>Rickettsial disease, including:</p> <p>Rocky Mountain spotted fever</p> <p>Typhus</p> <p>Rubella, including</p> <p>Rubella syndrome</p> <p>Salmonellosis</p> <p>Severe Acute Respiratory Disease (SARS)</p> <p>Shigellosis</p> <p><i>Staphylococcus aureus</i>, methicillin resistant (MRSA), outbreaks only</p> <p><i>Staphylococcus aureus</i>, vancomycin intermediate/resistant (VISA/VRSA)</p> <p><i>Streptococcus pneumoniae</i>, sterile sites</p> <p><i>Streptococcus pyogenes</i>, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)</p> <p>Syphilis</p> <p>Tetanus</p> <p>Toxic shock syndrome, non-Streptococcal (1)</p> <p>Trachoma</p> <p>Trichinellosis</p> <p>Tuberculosis</p> <p>Tularemia*</p> <p>Typhoid fever</p> <p>Vibriosis</p> <p>Viral Hemorrhagic Fever*</p> <p>Yellow fever</p> <p>Yersiniosis</p>
<p>Also report the unusual occurrence, outbreak or epidemic of any disease or condition including healthcare-associated infections.</p>	

*Category A bioterrorism agent, notify the MDCH Laboratory immediately: (517) 335-8063

(1) Report as soon as possible, reporting within 3 days is required

(2) Report as soon as possible, reporting within 7 days is required

This list MAY be updated annually; for the most recent version please refer to www.michigan.gov/cdinfo

2. Reporting of conditions not listed

Michigan physicians are also authorized to report any disease or other condition that is not included on this list to local health authorities according to the physician's medical judgment.

3. Timing of reporting

Physicians are asked to report all listed conditions (confirmed or suspected) as soon as possible. All conditions listed in the Physician Reporting Requirements table are required to be reported **within 24 hours** of discovery or diagnosis except those indicated with a (1) or (2) in the table. The conditions indicated with a (1) are required to be reported within three days; those indicated with a (2) are required to be reported within seven days.

Influenza, as designated in Physician's/Health Care Professional Reporting Requirements table, need only be reported by the number of cases identified during a specified time period, generally a weekly aggregate count. Individual reports are required **within 24 hours** when influenza is suspected to have caused or contributed to mortality in a person aged less than 18 years, or if the infected individual traveled outside of North America within the 2 weeks prior to symptom onset.

4. To whom to report

Physicians are required to report to local health authorities. These reports should be made to the local health department where the patient resides unless the local health department where the service facility is located requests that reports be routed to them.

Note for diseases in the table that are associated with Category A or other potential bioterrorism agents: It is requested that anyone who discovers such a disease consult the MDCH Lansing Laboratory ((517) 335-8063) immediately in addition to reporting the condition to the appropriate local health department.

5. Content of the report

- a. Except as indicated in b. below, a report to the local health department of a condition in an individual shall contain all of the following information:
- The patient's full legal name and parent/guardian's name if patient is a minor
 - The patient's official and, if different, current residential address, including street, city, village or township, county, and zip code
 - The patient's telephone number
 - The patient's date of birth or age, sex, race, and ethnic origin (HIV/AIDS reporting requires a date of birth and, if known, ethnicity and country of birth)
 - The name of the disease, infection, or condition reported
 - The estimated date of the onset of the disease, infection, or condition, when applicable
 - The identity of the reporting person including name, address, and phone number
 - Pertinent laboratory results
 - Any other information deemed by the physician to be related to the health of the public (e.g., other ill family members/contacts, food handler, group living situation, day care attendee/employee, etc.)
- b. To the extent that the information is readily available, a report to the local health department of an unusual occurrence, outbreak, or epidemic of a disease, infection, or other condition, including infections acquired in health care settings, shall include all of the following information:
- The nature of the confirmed or suspected disease, infection, or condition
 - The approximate number of cases (the number exposed is requested, but not required)
 - The approximate illness onset date(s)
 - The location of the outbreak (the facility type, e.g., nursing home, day care, etc. is requested, but not required)

6. Animal bites/rabies

- a. Any person who has knowledge of an animal bite where rabies is suspected **shall, within 24 hours** of the biting incident, report the bite to the appropriate local health department and to the local health department where the bite occurred. The report shall include all of the following information:
 - Animal species inflicting the bite
 - Animal owner's name, address, and telephone number
 - Vaccination status of animal
 - Date and location of biting incident
 - Name, address, and telephone number of person bitten
 - Site of the bite on the body
 - Name of the reporter of the bite
- b. Upon request by the department or local health department, any person (including the general public) who has information regarding the identity, whereabouts, or vaccination status of an animal that has bitten an individual or otherwise potentially exposed an individual to rabies, or information about the owner of the animal, shall provide information about the animal or the animal's owner to the local health department or MDCH.
- c. An animal that has bitten an individual or otherwise potentially exposed an individual to rabies shall be handled pursuant to the provisions of the publication entitled "Compendium of Animal Rabies Control" issued by the National Association of State Public Health Veterinarians (NASPHV). Copies of this publication are available online at www.michigan.gov/rabies.

7. Submission of post-mortem and autopsy specimens

a. Human specimens where rabies is suspected

A physician who performs a postmortem on the body of a person who died of rabies or who was suspected of dying of rabies must immediately submit nonpreserved portions of the hippocampus major and spinal cord to the Michigan Department of Community Health Laboratory for rabies examination. A written history of the case must accompany the specimens.

b. Other specimen submission

For unexplained/unusual deaths, deaths related to pediatric influenza, or suspected cases of prion disease such as Creutzfeldt-Jakob disease, please contact the local health department and the MDCH Communicable Disease Section for available testing facilities, specimen collection, and sample requirements information.

D. Laboratory Reporting Requirements

1. The following agents of infection are required to be reported **within 24 hours**, unless noted, to the local health department:

<p><i>Anaplasma phagocytophilum</i> Arboviruses <i>Babesia microti</i> <i>Bacillus anthracis</i>* (3) <i>Blastomyces dermatitidis</i> <i>Bordetella pertussis</i> <i>Borrelia burgdorferi</i> <i>Brucella</i> species (2) <i>Burkholderia mallei</i> (3) <i>Burkholderia pseudomallei</i> (3) <i>Campylobacter</i> species <i>Chlamydia trachomatis</i> <i>Chlamydophila psittaci</i> <i>Clostridium botulinum</i>* (2) <i>Clostridium tetani</i> <i>Coccidioides immitis</i> <i>Corynebacterium diphtheriae</i> (4) <i>Coxiella burnetii</i> (2) <i>Cryptosporidium</i> species <i>Cyclospora</i> species Dengue virus <i>Ehrlichia</i> species Encephalitis, viral or unspecified <i>Entamoeba histolytica</i> <i>Escherichia coli</i>, O157:H7 and all other shiga toxin positive serotypes (4) <i>Francisella tularensis</i>* (3) <i>Giardia</i> species <i>Haemophilus ducreyi</i> <i>Haemophilus influenzae</i>, sterile sites only; submit isolates for serotyping for patients <15 years of age (4) Hantavirus Hemorrhagic fever viruses* (2) Hepatitis A – Anti-HAV IgM Hepatitis B – HbsAg; <i>especially in pregnant women</i> Hepatitis C – Anti-HCV, RNA, RIBA, genotype Hepatitis D – HdsAg, anti-HDV IgM Hepatitis E – Anti-HEV IgM <i>Histoplasma capsulatum</i> Human Immunodeficiency Virus (HIV) (1,4) Confirmed positive HIV serology and detection tests; CD4 counts/percents and all viral loads on people already known to be infected; and all perinatal exposures</p>	<p>Influenza virus Novel Influenza (4) <i>Legionella</i> species <i>Leptospira</i> species <i>Listeria monocytogenes</i> (4) Measles (Rubeola) virus Meningitis: bacterial, viral, fungal, parasitic Mumps virus <i>Mycobacterium leprae</i> <i>Mycobacterium tuberculosis</i> complex (4), including: <i>M. tuberculosis</i>, <i>M. bovis</i>, <i>M. africanum</i>, and <i>M. microti</i> <i>Neisseria gonorrhoeae</i> <i>Neisseria meningitidis</i> -sterile sites only (4) Orthopox viruses (2), including: <i>Variola virus</i>* and monkeypox virus <i>Plasmodium</i> species Poliovirus Prion disease, including: Creutzfeldt-Jakob Disease (CJD) Rabies virus <i>Rickettsia</i> species, including: Spotted Fever and Typhus Group Rubella virus <i>Salmonella</i> species (4) SARS coronavirus (4) <i>Shigella</i> species (4) <i>Staphylococcus aureus</i>, methicillin resistant (MRSA)- outbreaks only <i>Staphylococcus aureus</i>, vancomycin intermediate/resistant (VISA/VRSA) (4) <i>Streptococcus pneumoniae</i>, sterile sites <i>Streptococcus pyogenes</i>, group A, sterile sites <i>Treponema pallidum</i> <i>Trichinella spiralis</i> Varicella-zoster virus (chickenpox) <i>Vibrio</i> species (4), including: <i>V. cholerae</i>, <i>V. parahaemolyticus</i>, <i>V. vulnificus</i>, <i>Photobacterium damsela</i> sbsp. <i>Damsela</i>, or <i>Grimontia hollisiae</i> Yellow fever virus <i>Yersinia enterocolitica</i> <i>Yersinia pestis</i>* (3)</p>
<p>Also report the unusual occurrence, outbreak or epidemic of any disease or condition including healthcare-associated infections.</p>	

* Category A bioterrorism agent

- (1) Report as soon as possible, reporting within 7 days is required.
- (2) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDCH Lansing laboratory.
- (3) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the nearest Michigan LRN confirmatory laboratory.
- (4) A laboratory shall submit **only confirmed** isolates, subcultures, or specimens from the patient being tested to the MDCH Lansing laboratory. If the originating laboratory can not confirm that the suspected agent is present, isolates, subcultures, or specimens may be submitted for confirmation to the MDCH Lansing laboratory.

2. Reporting of infections not listed

Michigan laboratories **shall** report any other disease, infection, or condition judged by the laboratory director or his/her designee to indicate that the health of the public may be threatened.

3. Timing of reporting

Laboratories are asked to report as soon as possible. All agents of infection listed in the Laboratory Reporting Requirements table are required to be reported **within 24 hours** of detection or diagnosis except HIV and AIDS indicated with a (1) in the table. HIV infections and AIDS diagnoses are required to be reported within 7 days.

4. To whom to report

Laboratories are required to report to local health authorities. When possible, these reports should be made to the local health department where the patient resides unless the local health department where the service facility is located requests that reports be routed through them. A laboratory in Michigan that receives or processes specimens to be tested shall report a result consistent with the presence of a listed communicable disease agent even if the testing is performed by out-of-state reference laboratories.

For HIV Western blot, CD4 and viral load testing, a reference laboratory may submit testing results directly to MDCH in lieu of the submitting laboratory or facility.

Note for diseases in the table that are associated with Category A or other potential bioterrorism agents: It is requested that any laboratory that suspects a Category A agent consult the nearest Michigan Laboratory Response Network (LRN) laboratory immediately in addition to reporting the condition to the appropriate local health department.

See page 23 for a listing of the MI LRN laboratories.

5. Content of the report

- a. A report to the local health department of an individual infection by a laboratory shall contain the following information:
 - The patient's full name
 - The patient's residential address, including street, city, village or township, county, and zip code
 - The patient's telephone number
 - The patient's date of birth or age, and sex (HIV/AIDS reporting requires a date of birth)
 - The specific laboratory test, date performed, and the results
 - The name and address of the reporting clinical laboratory (the clinic/hospital where the sample was collected is requested, but not required)
 - The name, address, and telephone number of the ordering person
- b. To the extent that the information is readily available, a report to the local health department of an unusual occurrence, outbreak, or epidemic of a disease, infection, or other condition shall include all of the following information:
 - The nature of the confirmed or suspected disease, infection, or condition
 - The approximate number of cases (the number exposed is requested, but not required)
 - The approximate illness onset date(s)
 - The location of the outbreak (the facility type, e.g., nursing home, day care, employer, etc., is requested, but not required)

6. Mycobacterium tuberculosis complex reporting and culture submission

A laboratory that receives a specimen from an individual that results in a laboratory report of *Mycobacterium tuberculosis* complex or yields a preliminary result* indicative of *Mycobacterium tuberculosis* complex is responsible for ensuring submission of the following:

- To the appropriate local health department – Report all preliminary results and any interpretation of those results
- To the MDCH Laboratory – The first *Mycobacterium tuberculosis* complex isolate, or a subculture thereof, from the patient being tested for tuberculosis.
- To the MDCH Laboratory - Any *Mycobacterium tuberculosis* complex isolate or subculture thereof, from a follow-up specimen collected 90 days or more after the collection of the first *Mycobacterium tuberculosis* complex positive specimen.

It is the responsibility of a clinical laboratory that receives a specimen found positive for *Mycobacterium tuberculosis* complex to ensure that the first available *Mycobacterium tuberculosis* complex isolate, whether cultured at the clinical laboratory or at a referral laboratory, is submitted to the Mycobacteriology Laboratory Unit at MDCH, as soon as possible.

** Note: For the purpose of this rule, "preliminary result" includes, but is not limited to, results from nucleic acid amplification tests, nucleic acid or other genetic probe tests, chromatographic or other such tests that may be performed prior to final culture identification of a clinical specimen.*

7. Submission of HIV laboratory specimens

A clinical laboratory that receives any clinical specimen which yields results indicative of infection with human immunodeficiency virus (HIV) is responsible for ensuring that specimens are submitted to the MDCH or to a laboratory designated by the department. These specimens include any of the following:

- Remnant specimens from all positive western blot (WB) or immunofluorescent antibody (IFA) confirmed tests.
- Remnant specimens from viral detection or quantitation tests upon request by the department within 3 months from specimen collection date, if available.
- Remnant specimens from multiple reactive rapid enzyme immunoassay (EIA) tests that together constitute an HIV diagnosis.

8. Submission of other designated conditions specimens

A laboratory **shall** submit to the MDCH Lansing Laboratory or nearest LRN Laboratory, the first isolate or subculture (or specimen where appropriate) from the patient being tested:

Submit specimens suspected to contain and suspect isolates of any of the following to:	
Submit to the nearest LRN Laboratory	Submit to the MDCH Lansing Laboratory
<i>Bacillus anthracis</i> <i>Burkholderia mallei</i> <i>Burkholderia pseudomallei</i> <i>Francisella tularensis</i> <i>Yersinia pestis</i>	<i>Brucella species</i> <i>Clostridium botulinum</i> <i>Coxiella burnetii</i> Hemorrhagic fever viruses Orthopox viruses (including smallpox and monkey pox)
Submit specimens that contain and isolates of any of the following to the <u>MDCH Lansing Laboratory</u>	
<i>Corynebacterium diphtheriae</i> <i>Escherichia coli</i> 0157:H7 and all other shiga toxin positive serotypes <i>Haemophilus influenzae</i> (only if isolate collected from a normally sterile site and if patient is less than 15 years of age) Human Immunodeficiency Virus (HIV), confirmed positive HIV serology and detection tests; CD4 counts/percents and all viral loads on people already known to be infected, and all perinatal exposures; upon request <i>Listeria monocytogenes</i>	<i>Mycobacterium tuberculosis</i> complex <i>Neisseria meningitidis</i> - isolate collected from a sterile site Novel influenza Salmonella species, including <i>Typhi</i> Severe Acute Respiratory Syndrome (SARS) coronavirus <i>Shigella</i> species <i>Staphylococcus aureus</i> (only vancomycin intermediate and resistant) <i>Vibrio cholera</i> , <i>V. Parahaemolyticus</i> , <i>V. vulnificus</i> , <i>Photobacterium damsela</i> ssp. <i>Damsela</i> , or <i>Grimontia hollisae</i>

9. Rabies examination

A laboratory in this state that conducts examinations of animals for rabies **shall** report all of the following information to MDCH within 7 days after examination. If a sample is being submitted to the MDCH laboratory for examination the following information must be submitted along with the sample:

- Species of animal, anatomic site of exposure, and vaccine history, if appropriate
- Name and address of the owner of the animal
- Name, address, and 24/7 phone number of the person or agency submitting the specimen
- Name, address and home phone number of the person exposed to the animal examined or the owner of the pet exposed to the animal examined
- Date and results of the examination

E. Reporting

1. Michigan Disease Surveillance System (MDSS)

The MDSS is a web-based communicable disease reporting system developed for the state of Michigan. The system:

- Facilitates coordination among local, state and federal public health agencies.
- Provides for the secure transfer, maintenance and analysis of communicable disease surveillance information
- Addresses needs in many areas of traditional disease surveillance, emergent infectious diseases and biological terrorism
- Promotes participation from a variety of stakeholders including public health, health care providers and medical laboratories
- Complies with national data standards

Mandatory reporting of communicable diseases can be accomplished via the MDSS. For more information or to enroll contact your local health department communicable disease program, or go to www.michigan.gov/mdss.

2. Duplicate reporting

While duplicate reporting of the same illness may occur, public health authorities justify this potential duplicity of effort on the basis of the importance of the information to the health of the public. The MDSS has de-duplication features greatly reducing the likelihood of duplicate reporting.

F. Investigative Authority of Public Health Departments

1. Access to information

The Privacy Rule in HIPAA allows for the disclosure of protected health information, without individual client/patient authorization, to public health authorities, who are authorized by law to collect or receive protected health information for the purpose of preventing or controlling disease.

In addition, the Michigan Public Health Code and administrative rules give the local and state health departments the authority and responsibility to investigate cases of disease and suspect transmission, including the review of medical records. An investigator who presents official identification of a local health department or the Michigan Department of Community Health shall be provided with medical and epidemiologic information pertaining to any of the following persons on request:

- Individuals who have any condition required to be reported or other condition of public health significance
- Individuals, whether ill or well, who are part of a group in which an unusual occurrence, outbreak, or epidemic has occurred
- Individuals who are not known to have a condition, but whose medical or epidemiological information is needed for investigation into the cause of a condition of public health importance
- Individuals potentially exposed to a designated condition

2. Assistance and support

State and local health departments have the authority to contact physicians, laboratories, infection control preventionists and patients to collect information to help them determine if a community outbreak is occurring; to identify, test and provide prophylaxis to household or other contacts; and, perhaps most importantly, to provide information to help prevent the spread of communicable diseases. The assistance and support of health care providers is invaluable.

3. Validation of reporting

Requests for individual medical and epidemiological information to validate the completeness and accuracy of reporting are specifically authorized. Information released in response to a request made by type of disease, infection, or condition or diagnostic code category may include information about individuals who are not the focus of the request if it is not reasonably possible to delete their information from the requested information.

4. Information to be provided

Medical and epidemiological information means any of the following, in detail:

- Medical histories
- Examination results
- Findings of all associated laboratory tests
- Diagnoses
- Treatments employed
- Outcomes
- Description and source of suspected causative agents
- Any other pertinent information that is requested by the state or local public health authority in the course of an investigation

5. Collection of specimens

A representative of the local health department or the Michigan Department of Community Health may obtain human, animal, environmental, or other types of specimens or cause such specimens to be obtained by appropriate means, including venipuncture, in the course of an investigation of a reported disease, infection, or condition.

G. Confidentiality

All information provided to public health authorities that identifies an individual and that is gathered in connection with the investigation of reported cases of the disease, gathered during the investigation of outbreaks of disease, or gathered for validation of reporting is confidential and not open to public inspection. Medical and epidemiological information pertaining to an individual shall be kept confidential by the investigator and public health associates and shall not be released without the consent of the individual or the individual's guardian, unless necessary to protect the public health as determined by a local health officer, or the Director of the Michigan Department of Community Health.

H. Isolation and Other Preventive Measures

A physician or other person attending a case of communicable disease shall arrange for appropriate barrier precautions, prophylactic treatment, or isolation, if needed to prevent the spread of disease to other household members, patients, or to the community. Provision of information and prophylactic treatment to at-risk contacts, as appropriate, to prevent secondary spread is extremely important.

A physician or person who seeks information on appropriate precautionary measures may request the local health department or the Michigan Department of Community Health to provide the necessary information. The local health officer or the Michigan Department of Community Health may institute appropriate isolation or other barrier precautions for a case or a suspected case of disease, infection, or other condition as necessary to protect the public's health.

I. Exclusion From School

When school officials, local health department staff or personnel reasonably suspect that a student has a communicable condition, they may exclude the student for a period of time sufficient to obtain a determination by a physician or health officer as to the presence of the condition. A student may return to school when it is determined that he or she no longer represents a communicable disease risk to other students. Note: There are provisions in the public health code relating to the non-exclusion of those with HIV infections or AIDS. Check with your local health department or legal counsel if you need more information. For information about HIV privacy issues, see MCL 333.5131(5)(c).

J. Immunizations

1. Michigan vaccination requirements

The Michigan Department of Community Health and all local health departments in Michigan support immunization as guided by the federal Advisory Committee on Immunization Practices (ACIP). Compliance with current ACIP recommendations generally fulfills all minimum legal requirements for routine vaccination in Michigan.

2. Michigan Vaccine Programs

Michigan physicians may obtain many childhood vaccines through their local health department, for patients meeting specific eligibility requirements. Health care providers who see adults that are uninsured for vaccines should also consult with the local health department for possible availability. Hepatitis B vaccine is available to all birthing hospitals to administer the first hepatitis B vaccine at birth.

3. Michigan Care Improvement Registry

The Michigan Care Improvement Registry (MCIR), formerly known as the Michigan Childhood Immunization Registry, is an electronic database accessible to all physicians and clinics in the state. It was established to provide a single location for Michigan immunization records so that a complete record can be maintained even if a person received vaccines from multiple providers. By law, persons who administer vaccines are required to report to the department all immunizations administered to a person born on or after January 1, 1994, but MCIR will accept immunization data for all others. A person can provide written notice that they do not wish their or their child's immunization information to be reported to the registry. Access to the MCIR is restricted and all users must obtain authorization along with a user ID and a password. The MCIR can provide an official immunization record, an assessment of a person's immunization status and an assessment of a clinic population.

Consultation Service and Bibliography

All local health departments are required under the public health code to have a Michigan licensed physician medical director on staff. In addition, some local health departments employ one or more epidemiologists or other communicable disease specialists. Health care professionals are encouraged to consult with these individuals whenever they have questions concerning any issues that may be related to the maintenance of the health of the public. There are a number of related (and generally inexpensive) reference works that provide good information regarding the prevention and control of communicable disease that may be of interest and use to Michigan health care providers. They are updated and revised regularly. Because these recommendations change as new treatments, vaccines and knowledge become available, a current edition should be consulted. These reference works include:

Control of Communicable Diseases Manual 19th Edition, 2008

An Official Report of the American Public Health Association
David L. Heymann, MD, Editor
American Public Health Association

Report of the Committee on Infectious Disease of the American Academy of Pediatrics (Red Book), 2009

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove, Illinois 60009
<http://www.aapredbook.org>

CDC Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book), 2009

<http://www.cdc.gov/vaccines/Pubs/pinkbook/default.htm>

CDC Case definitions for infectious conditions under public health surveillance

http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm

CDC Morbidity and Mortality Weekly Report (MMWR)

<http://www.cdc.gov/mmwr>

CDC Health Information for International Travel

<http://wwwnc.cdc.gov/travel/content/yellowbook/home-2010.aspx>

CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

Compendium of Animal Rabies Control (Current)

National Association of State Public Health Veterinarians

<http://www.nasphv.org>

CDC Emerging Infectious Diseases Journal

<http://www.cdc.gov/ncidod/eid/>

Other guidelines and references may be available to physicians through the Michigan Department of Community Health or local health department on such topics as: the U.S. Public Health Service guidelines for hepatitis vaccination and prophylaxis, the ACIP recommendations on adult immunizations, foreign travel guidelines, etc.

Important Websites

Michigan Department of Community Health (MDCH)

<http://www.michigan.gov/mdch>

MDCH Communicable Disease Information

<http://www.michigan.gov/cdinfo>

MDCH Bureau of Laboratories Information

<http://www.michigan.gov/mdchlab>

MDCH Division of Immunization Information

<http://www.michigan.gov/immunize>

Michigan Care Improvement Registry

<http://www.mcir.org>

Michigan HIV, STD and Hepatitis Information

<http://www.michigan.gov/hivstd>

Healthcare-Associated Infection Surveillance and Prevention

<http://www.michigan.gov/hai>

MDCH Tuberculosis Program

<http://www.michigan.gov/tb>

Michigan Emerging Diseases Website

<http://www.michigan.gov/emergingdiseases>

Michigan Disease Surveillance System

<http://www.michigan.gov/mdss>

Michigan Advisory Committee for Elimination of Tuberculosis

<http://www.michigantb.org>

Michigan Association for Local Public Health (MALPH)

<http://www.malph.org>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

World Health Organization

<http://www.who.int>

Directory of Regional Reference Laboratories of the Laboratory Response Network (LRN)

LRN Region & Counties Served	Laboratory
Region 1: Clinton, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Shiawassee	Michigan Department of Community Health Laboratory P.O. Box 30035 3350 N. Martin Luther King Jr. Blvd. Lansing, MI 48909 (517) 335-8063
Region 2N: Macomb, Oakland, St. Clair	Oakland County Health Division Laboratory 1200 N Telegraph Road, Bldg 32E Pontiac, MI 48341 (248) 858-1310
Region 2S: Monroe, Wayne, Washtenaw	Michigan Department of Community Health Laboratory P.O. Box 30035 3350 N. Martin Luther King Jr. Blvd. Lansing, MI 48909 (517) 335-8063
Region 3: Alcona, Arenac, Bay, Genesee, Gladwin, Huron, Iosco, Lapeer Midland, Ogemaw, Oscoda Saginaw, Sanilac, Tuscola	Saginaw County Health Department Laboratory 1600 North Michigan Avenue Saginaw, MI 48602 (989) 758-3825
Region 5: Allegan, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	Kalamazoo County Health & Community Services Laboratory 3299 Gull Road Nazareth, MI 49074 (269) 373-5360
Region 6: Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa	Kent County Health Department Laboratory 700 Fuller NE Grand Rapids, MI 49503 (616) 632-7210
Region 7: Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Roscommon, Wexford	Michigan Department of Community Health Laboratory P.O. Box 30035 3350 N. Martin Luther King Jr. Blvd. Lansing, MI 48909 (517) 335-8063
Region 8: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	Michigan Department of Community Health Laboratory P.O. Box 30035 3350 N. Martin Luther King Jr. Blvd. Lansing, MI 48909 (517) 335-8063

DIRECTORY OF MICHIGAN HEALTH

If the number listed is long distance, please check your local phone directory to see if there is a branch office in your community. Write that number here:_____

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Alcona	District 2	Harrisville	989	724-6757	343-1894
Alger	LMAS DHD	Munising	906	387-2297	387-2224
Allegan	Allegan County	Allegan	269	673-5411	673-2163
Alpena	District 4	Alpena	989	356-4507	356-3529
Antrim	Health Dept. of NW MI	Bellaire	231	533-8670	547-0460
Arenac	Cent MI DHD	Standish	989	846-6541	846-0431
Baraga	Western UP Dist	L'Anse	906	524-6142	524-6144
Barry	Barry-Eaton DHD	Hastings	517	541-2641	541-2666
Bay	Bay County	Bay City	989	895-2039	895-2083
Benzie	Benzie-Leelanau DHD	Benzonia	231	882-4409	882-0143
Berrien	Berrien County	Benton Harbor	269	926-7121	926-8129
Branch	Branch/Hills/St Jo	Coldwater	517	279-9561	278-2923
Calhoun	Calhoun County	Battle Creek	269	969-6370	969-6488
Cass	Van Buren-Cass DHD	Cassopolis	269	445-5280	445-5278
Charlevoix	Health Dept. of NW MI	Charlevoix	231	547-6523	547-0460
Cheboygan	District 4	Cheboygan	231	627-8850	989-356-3529
Chippewa	Chippewa County	Sault Ste. Marie	906	635-1566	635-7081
Clare	Cent MI DHD	Harrison	989	539-6731	539-4449
Clinton	Mid-MI DHD	St. Johns	989	224-2195	224-4300
Crawford	District 10	Grayling	989	348-7800	348-5346
Delta	Delta-Men Dist	Escanaba	906	786-4111	786-1962
Dickinson	Dick-Iron Dist	Kingsford	906	774-1868	779-7232
Eaton	Barry-Eaton DHD	Charlotte	517	541-2641	541-2666
Emmet	Health Dept. of NW MI	Petoskey	231	347-6014	547-0460
Genesee	Genesee County	Flint	810	257-1017	257-3247
Gladwin	Cent MI DHD	Gladwin	989	426-9431	426-6952
Gogebic	Western UP Dist	Bessemer	906	667-0200	667-0020
Gd. Traverse	Grand Traverse Co	Traverse City	231	922-4831	922-2719
Gratiot	Mid-MI DHD	Ithaca	989	875-3681	875-3747
Hillsdale	Branch/Hills/St Jo	Hillsdale	517	437-7395x200	437-0166
Houghton	Western UP Dist	Hancock	906	482-7382	482-9410
Huron	Huron County	Bad Axe	989	269-9721	269-4181
Ingham	Ingham County	Lansing	517	887-4308	887-4379
Ionia	Ionia County	Ionia	616	527-5341	527-8208
Iosco	District 2	Tawas City	989	362-6183	343-1892
Iron	Dick-Iron Dist	Iron River	906	265-9913	265-4174
Isabella	Cent MI DHD	Mt. Pleasant	989	773-5921	773-4319
Jackson	Jackson County	Jackson	517	768-1662	788-4256
Kalamazoo	Kalamazoo County	Kalamazoo	269	373-5267	373-5060
Kalkaska	District 10	Kalkaska	231	258-8669	258-2805
Kent	Kent County	Grand Rapids	616	632-7228	632-7085
Keweenaw	Western UP Dist	Hancock	906	482-7382	482-9410

STATE OF MICHIGAN CONTACTS

Communicable Disease Division
Phone: 517-335-8165
Fax: 517-335-8263

Immunization Division
Phone: 517-335-8159
Fax: 517-335-9855

After hours **Emergency** calls only: 517-335-9030

DEPARTMENTS BY COUNTY

In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health departments.

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Lake	District 10	Baldwin	231	745-4663	745-2501
Lapeer	Lapeer County	Lapeer	810	667-0448	667-0232
Leelanau	Benzie-Leelanau DHD	Lake Leelanau	231	256-0200	256-7399
Lenawee	Lenawee County	Adrian	517	264-5227	264-0790
Livingston	Livingston County	Howell	517	546-9850	546-6995
Luce	LMAS DHD	Newberry	906	293-5107	293-5724
Mackinac	LMAS DHD	St. Ignace	906	643-1100	643-0239
Macomb	Macomb County	Mt. Clemens	586	783-8190	493-0075
Manistee	District 10	Manistee	231	723-3595	723-0150
Marquette	Marquette County	Negaunee	906	315-2631	475-4435
Mason	District 10	Ludington	231	845-7381	845-9374
Mecosta	District 10	Big Rapids	231	592-0130	592-9464
Menominee	Delta-Men Dist	Menominee	906	863-4451	863-7142
Midland	Midland County	Midland	989	832-6666	837-6524
Missaukee	District 10	Lake City	231	839-7167	839-7908
Monroe	Monroe County	Monroe	734	240-7832	240-7906
Montcalm	Mid-MI DHD	Stanton	989	831-5237	831-5522
Montmorency	District 4	Atlanta	989	356-3529	785-2217
Muskegon	Muskegon County	Muskegon	231	724-4723	724-1325
Newaygo	District 10	White Cloud	231	689-7300	689-5295
Oakland	Oakland County	Pontiac	248	858-1286	858-0178
Oceana	District 10	Hart	231	873-2193	873-4366
Ogemaw	District 2	West Branch	989	345-5020	343-1899
Ontonagon	Western UP Dist	Ontonagon	906	884-4485	884-2358
Osceola	Cent MI DHD	Reed City	231	832-5532	832-1020
Oscoda	District 2	Mio	989	826-3970	343-1895
Otsego	Health Dept. of NW MI	Gaylord	989	732-1794	231-547-0460
Ottawa	Ottawa County	Holland	616	396-5266	393-5767
Presque Isle	District 4	Rogers City	989	356-3529	734-3866
Roscommon	Cent MI DHD	Prudenville	989	366-9166	366-8921
Saginaw	Saginaw County	Saginaw	989	758-3885	758-3888
St. Clair	St. Clair County	Port Huron	810	987-5300	985-4340
St. Joseph	Branch/Hills/St Jo	Three Rivers	269	273-2161x200	273-2452
Sanilac	Sanilac County	Sandusky	810	648-4098	648-5276
Schoolcraft	LMAS DHD	Manistique	906	341-6951	341-5230
Shiawassee	Shiawassee County	Corunna	989	743-2318	743-2413
Tuscola	Tuscola County	Caro	989	673-8114	673-7490
Van Buren	Van Buren-Cass DHD	Hartford	269	621-3143	621-2725
Washtenaw	Washtenaw County	Ypsilanti	734	544-6700	544-6706
Wayne (out-Wayne)	Wayne County	Wayne	734	727-7078	313-967-3044
Detroit	Detroit City	Detroit	313	876-4138	876-0070
Wexford	District 10	Cadillac	231	775-9942	775-4127

STATE OF MICHIGAN CONTACTS

Bureau of Laboratories
 Phone: 517-335-8063
 Fax: 517-335-9631

While every attempt has been made to accurately reflect the legal duties defined by the Michigan communicable disease rules, this booklet should not be considered a substitute for private legal counsel, or as an alternative to understanding and following the rules this booklet strives to summarize.

Please consult the Michigan legislature website at <http://www.michiganlegislature.org> for more information.

